



TRICARE Regional Appointment Standardization Business Rules Training Seminar

Access to Care Management Business Rules (Block 6 Part I)

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Agenda

- What does Access To Care do?
- What are the business rules?
- What are some of this systems problems?
- What is happening with operational testing of the Access To Care functionality
- What is being done to ensure that it is measured accurately?
- What can sites do now to measure access?



What does ATC do?



- ▢ Since July 2000 a new functionality has been in CHCS.
- ▢ Determines accessibility of medical care relative to Access to Care Standards for patient appointments booked in CHCS.
- ▢ Evaluates compliance based on the 1999 Defense Authorization Act.
- ▢ Measures time between the appointment request and the time of the “Booked” appointment.
- ▢ Reports number and percentage of appointments which meet or do not meet the Access to Care Standard.



What does ATC do?



Capture Date/Time
of appt request

Measure Elapsed Time

Capture Date/
Time of "booked"
appt.

Is ATC Standard Met?



What does ATC do?



▯ Measures appointment request times in:

- ▯ Order Entry: Date/time appointment order entered/activated (CON,CLN,APR,ANC)**
- ▯ MCP: Date/time referral entered or date/time PCM appointment requested/made**
- ▯ PAS: Date/Time appointment requested/made**
- ▯ Wait list: Date/time of wait list request**



What does ATC do?



Information gathered:

- ▯ Determines number of appointments and percentage of appointments which meet or do not meet the Access to Care Standard by:
 - ▯ MTF, Division, Department, Clinic, Provider
 - ▯ TRICARE designation
- ▯ Captures patient refusal reason. Registers when patient was offered an appointment within the access standard but refused due to personal preferences
- ▯ Patient refusal reason captured in separate category



What does ATC do?



- It provides a quantitative measure of each appointment transaction as it occurs
- Provides real-time measure of an MTF's ability to meet access standards for acute, routine, specialty and wellness care services that it provides
- Augments the TRICARE Management Activity's satisfaction survey of beneficiaries' perception of how access was met



Data Element Changes, Conversions, and File & Table Build



▮ Access to Care Reporting

- ▮ New field added to identify clinics included in Access to Care reporting.
- ▮ Conversion defaulted the value in this new field to “Yes”.

▮ Access to Care Category File

- ▮ New file for Access to Care Categories
- ▮ (Acute, Routine, Wellness, Specialty, Future Request)

▮ Access to Care Category of Appointment

- ▮ New field added to Patient Appointment file to capture the Access to Care Category of each “Booked” appointment.



Data Element Changes, Conversions, and File & Table Build



▮ Appointment Refusal Reason

- ▮ Existing field
- ▮ Conversion to add appointment refusal reason code: "ATC Declined - Patient preference"

▮ Appointment Not Made -Time-out

- ▮ Existing field.
- ▮ Conversion to default the value in the Appointment Not Made Time-out to a maximum of 72 hours.

*** ACCESS TO CARE SUMMARY REPORT ***
ACUTE APPOINTMENTS ***
Jul 1 1999 to Jul 31 1999

Division: A DIVISION

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Clinic/MEPRS

TRICARE Status	% Met	# Met	# Not Met	# Appts	Avg Days	#Refusals
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ALLERGY CLINIC/BABA

TRICARE PRIME (ACTIVE DUTY)	80%	80	20	100	1.1	0
TRICARE PRIME (CHAMPUS)	80%	80	20	100	1.3	0

Clinic Total	80%	160	40	200	1.2	0

FAMILY PRACTICE/BGAA

TRICARE PRIME (ACTIVE DUTY)	80%	80	20	100	1.1	0
TRICARE PRIME (CHAMPUS)	10%	10	90	100	1.3	0

Clinic Total	45%	90	110	200	1.2	0

* Only clinics which are identified for Access to Care reporting are included on this report. *



Access to Care Summary Report Definitions



<u>Item</u>	<u>Definition</u>
% Met	The percentage of “Booked” appointments which have met the Access to Care Standard for the specified date range.
#Met	The number of “Booked” appointments which have met the Access to Care Standard for the specified date range.
#Not Met	The number of “Booked” appointments which have not met the Access to Care Standard minus the number of appointment refusals for the specified date range.
#Appts	The total number of “Booked” appointments within the clinic within the specified date range. Appointment refusals will not be included in the total number of appointments.
Avg Days	The average number of days from the appointment request to when the appointment is “Booked” for the specified date range.
#Refusals	The number of patient appointment refusals for the specified date range. Only patient refusals with a coded refusal reason of ATC Declined – Patient Preference will be included on the ATC Summary report.

Example: Initial Clinic data captured by system:

#Met = 90 (reported)
#Not Met (raw) = 20
#Refusals = 10

System Calculations:

#Not Met (True) = #Not Met (raw) - #Refusals = 20 - 10 = 10 (reported)
#Appts = #Met + #Not Met (True) = 90 + 10 = 100 (reported)
% Met = 90/100 = 90%



Access to Care ASCII File



- ▢ Access to Care (ATC) summary information available to other CHCS systems in ASCII files.
 - ▢ Each ATC ASCII file will contain information for clinics in one Division/DMIS ID.
 - ▢ The Electronic Transfer Utility (ETU) may be used to transfer files.
 - ▢ The Site Software Specialist will need to configure the ETU.
 - ▢ Files may be organized by Group ID, DMIS ID, Region.
 - ▢ Files may be regenerated for a selected month.
- ▢ Could be made available at the local and HQ level.



ATC Business Rules



- Each MTF will need to identify Clinics (e.g. Primary Care) which they wish to include in Access to Care reporting. Turn the reporting flag to yes.
- If reporting flag is turned to “no” information is still gathered and stored, but not reported.



ATC Business Rules



- The appointment request time will be based on the earliest time the appointment was requested, (e.g. when a patient is placed on a waitlist, when an appointment is requested via Order Entry, when an MCP referral is entered, or when a patient calls to request an appointment).
- The date/time of the “Booked” appointment will be considered the date/time that the MTF’s obligation to provide care is met.



ATC Business Rules



- Some human intervention is required.
- Human beings to include the PAS booking clerk, Health Care Finder, Triage Nurse will be required determined the needs of another human being, the patient, and select the appropriate access to care category that matches that need.
- The provider decides when a patient should be seen when making a referral.



ATC Business Rules

(What does ATC really do?)



- ▮ For **Acute** it searches for 24 hours worth of all appointments and types and reports if met, not met
- ▮ For **Routine** it searches for 7 days worth of all appointments and types and reports if met, not met
- ▮ For **Wellness** it searches for 30 days worth of all appointments and types and reports if met, not met
- ▮ For **Specialty** it searches for 30 days worth of all appointments and types and reports if met, not met
- ▮ For **Future Request** it searches for 90 days of all appointments and types and does not report, not met



Information Uses



- TMA wants to use ATC data to augment the satisfaction data contained in the TRICARE Operations Performance Statement survey
- MTFs can use information to determine if access to care standards are being met
- At the present time there is very little use of the data at MTFs



Operational/Alpha Test For Access to Care



- Alpha test to improve accuracy of Access To Care data began on 1 January 2001 at three test sites:
 - Army: MEDDAC Fort Riley
 - Navy: NH Jacksonville
 - Air Force: Keesler Medical Center
- Test lasts for 3 months.
- Meeting every two weeks.
- Completion will be 17-18 April.



Operational/Alpha Test For Access to Care



- Army, Navy, Air Force MTF involvement with appointment officer, appointment supervisor, appointments personnel, systems administrators.
- Service headquarters, TRICARE Regions
- TMA HPA&E, CITPO, TMA IMD, TMA APS Program Management.



Operational/Alpha Test For Access to Care



□ Goals:

- Establish if ATC data are accurate and what can be done to improve**
- Establish if data can be transmitted, stored and analyzed**
- Recommend systems change requests for the ATC functionality in CHCS**
- Develop MHS policy on the accurate collection, personnel education and reporting of ATC data**



Operational/Alpha Test For Access to Care



- Preliminary research/review of data indicates:
 - All sites are collecting data.
 - If flag is turned off, then the clinic's ATC data are not reported.
 - The 30 day search is wrong. It should be 4 weeks/28 days.
 - Consult tracking uses priority categories that do not correspond to the ATC Summary Report Categories
 - ASAP, Today, Emergency in CT maps to Acute
 - 48 and 72 hours in CT maps to Routine
 - Routine in CT maps to Wellness



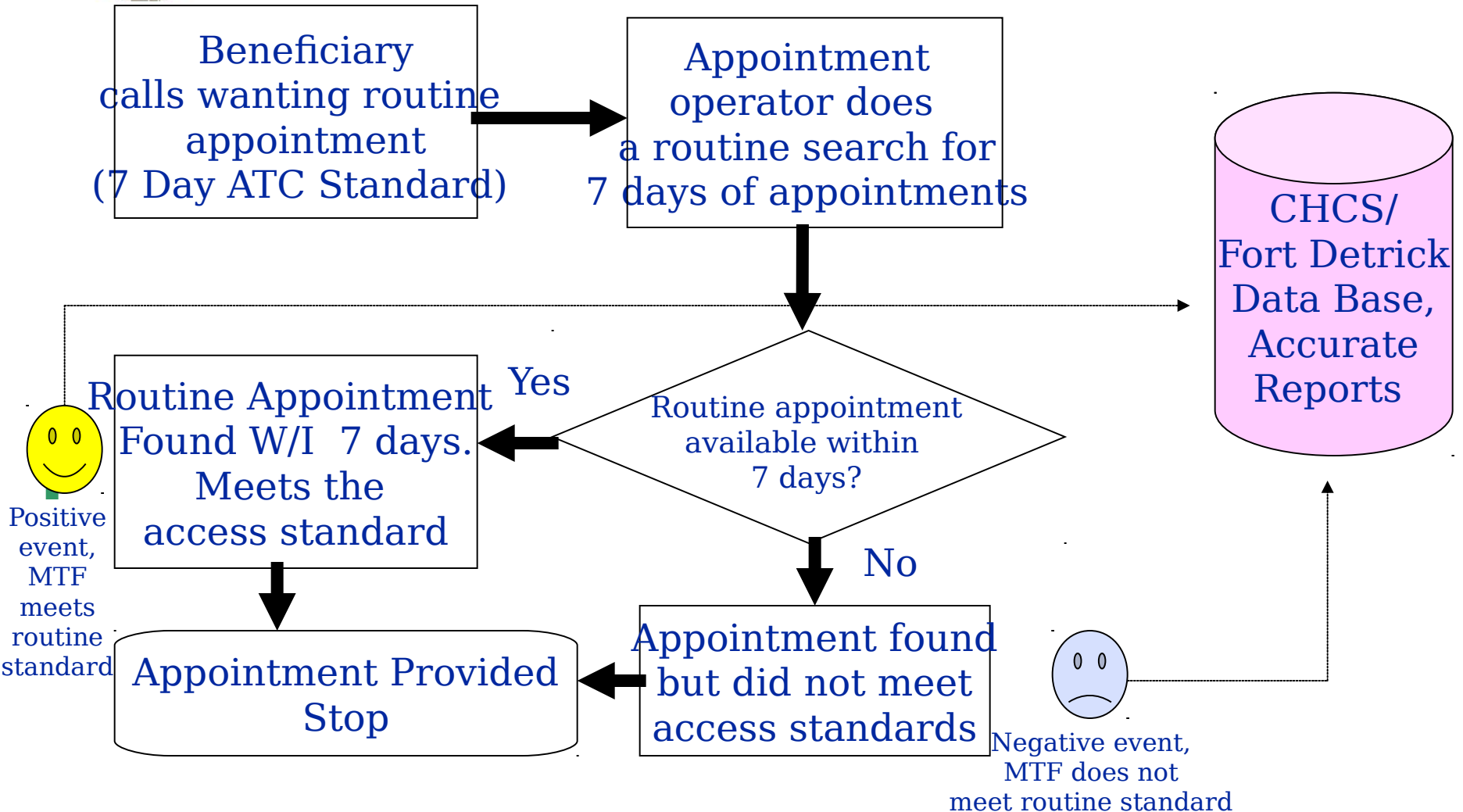
Operational/Alpha Test For Access to Care



- Accuracy of ATC data are dependent upon search
 - Appointments personnel are pressured to search for as many appointments as possible
 - **Keesler AFB shows that 86 percent of searches are future**
 - The future searches ARE NOT reported anywhere in the ATC Summary Report.
 - Cannot determine if numbers of searches relatively matches visits. Future is not included.
- Two examples of the accuracy of ATC searches and why they are dependent on appointment personnel:

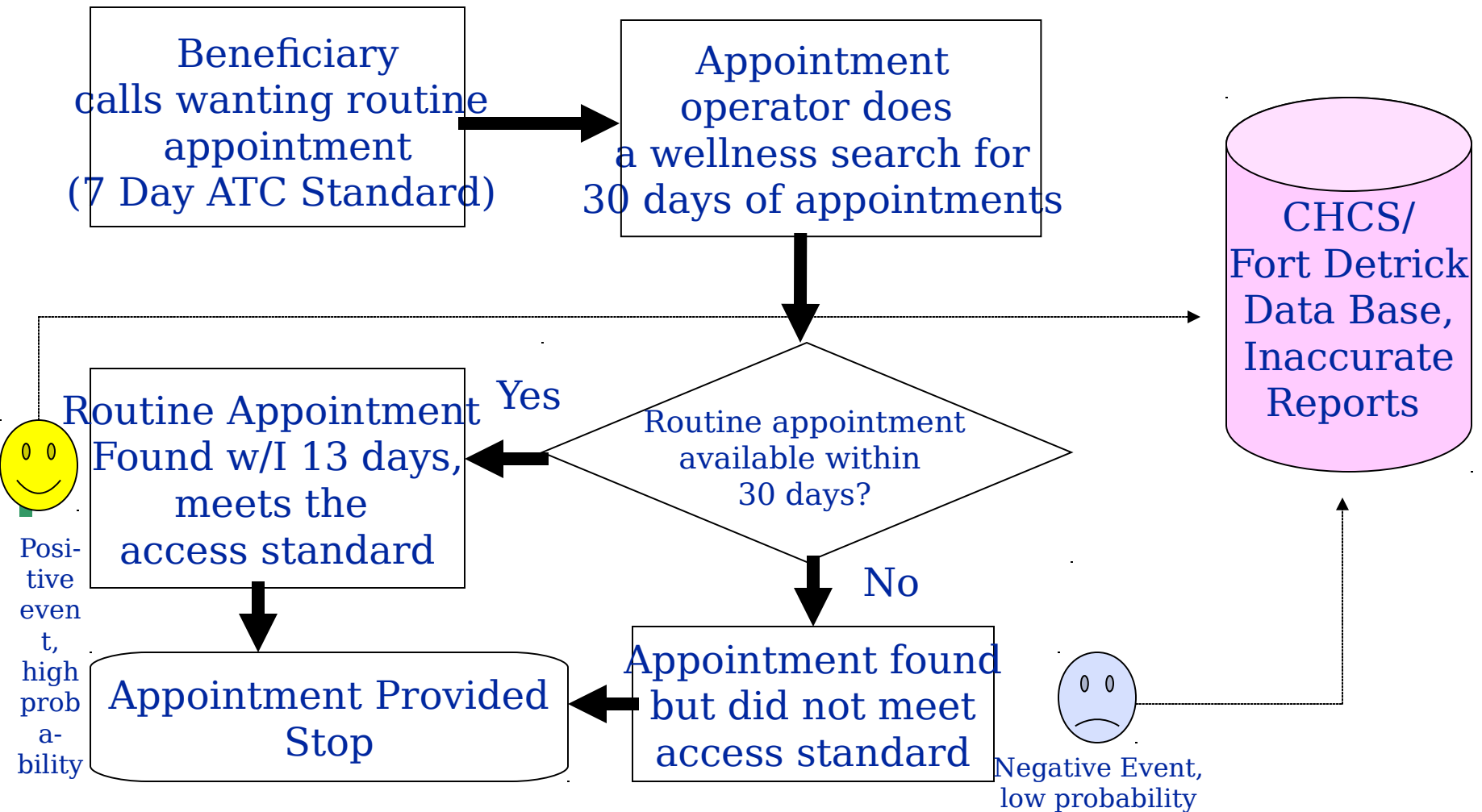


An Example





Another Example





Operational/Alpha Test For Access to Care



- Impress on staff that accuracy of ATC data is important.
- Appointments personnel education is critical.
- Appointments searches must be based on patient's needs.
- Compare ATC Summary Report with a report similar to TAT.
- Business rules would need to be created to “match” standardized appointment types to ATC categories.
- Standard business rules and use of info=high quality data.
- Several systems change requests will be required.



Operational/Alpha Test For Access to Care



- **SCRs to be recommended:**
- Have the Future Searches reported in the ATC Summary Report. This has been completed.
- Change the Wellness/Specialty 30 day search to 28 days
- Change the CT priorities to allow for 24 hour, 72 hour and 30 day priorities and measure if met and report separately
- Change the reports so that all ATC categories are reported by clinic, not clinics reported by ATC categories
- Tie the day search to the appointment type to the ATC category



How Do You Keep the System Honest?

What can you do now?



- Use guidance furnished in Appendix R to train your staff on appointment definitions and ATC categories
- Impress on staff that accurate searches are important
- Map your appointment types to the ATC categories
- Convert to standardized appointment types
- Appointments searches based on patient's needs.
- The more you use data the higher quality it attains. Print off reports by clinic and give them out to providers.
- Review ATC Summary Reports with walk-ins, sick call and compare with the WWR.



ATC Categories Mapped to APS Types



ATC STANDARD	ATC CATEGORY	APPOINTMENT TYPE/ CODE
24 Hours	Acute	Acute/ACUT
7 Days	Route	Routine/ROUT
30 Days	Wellness	Wellness/WELL
		PCM Initial/PCM
	Specialty	Specialty/SPEC
		Procedure/PROC
90 Days	Future	Established/EST
		Group/GRP
None	None	Telephone Consultation/ T-CON



ATC and Appointment Standardization

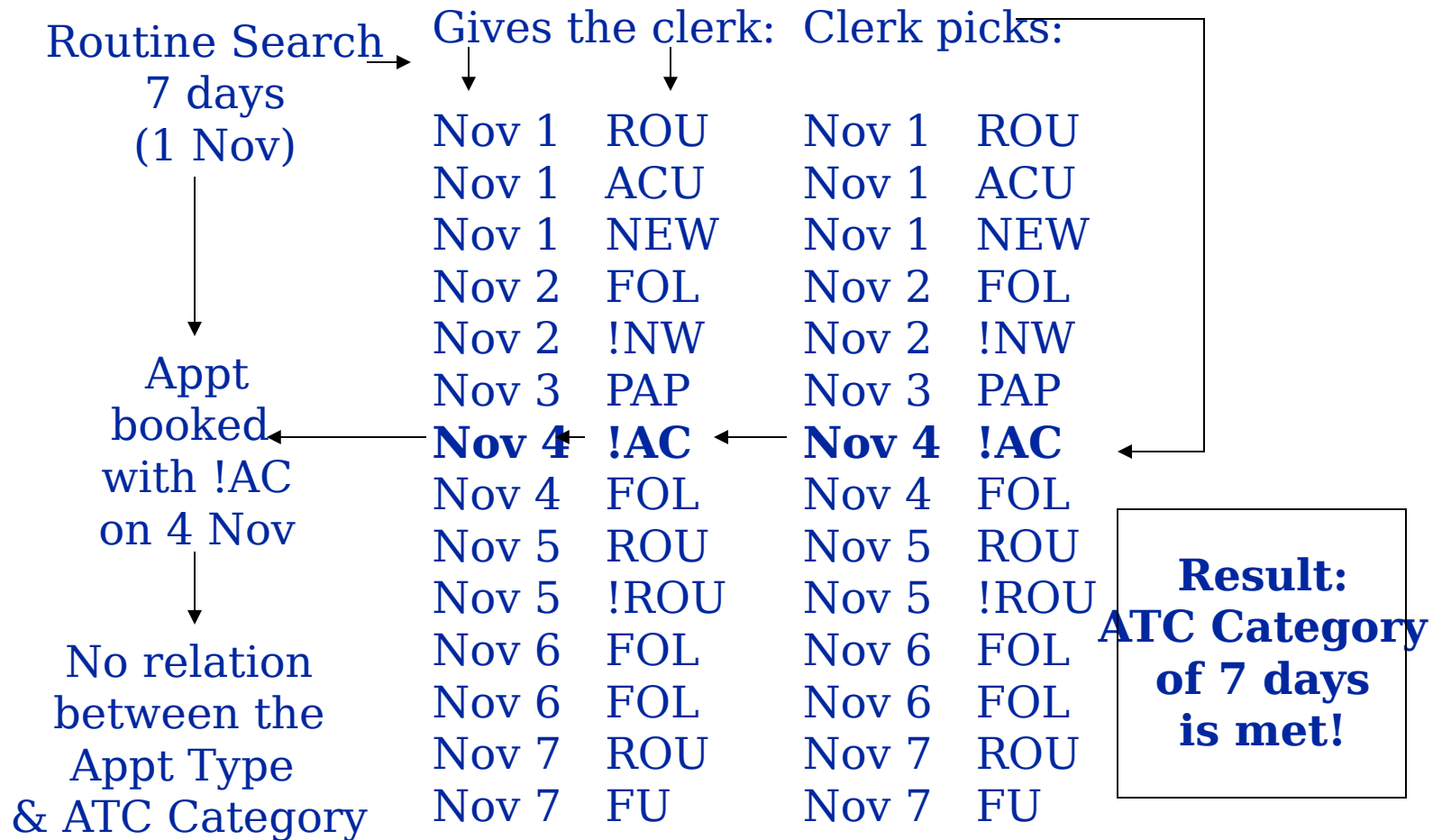


- Future strategy is to tie the day search to the appointment type to the ATC category
- This will align demand management strategies/template builds/appointment standardization with the measurement of access.
- Should decrease the possibility of gaming of the present ATC program and simplify the process for appointments personnel.
- TMA plans to use ATC for access measurement in conjunction with TOPS.
- TMA TOC is exploring the production of ATC Reports.



What we have

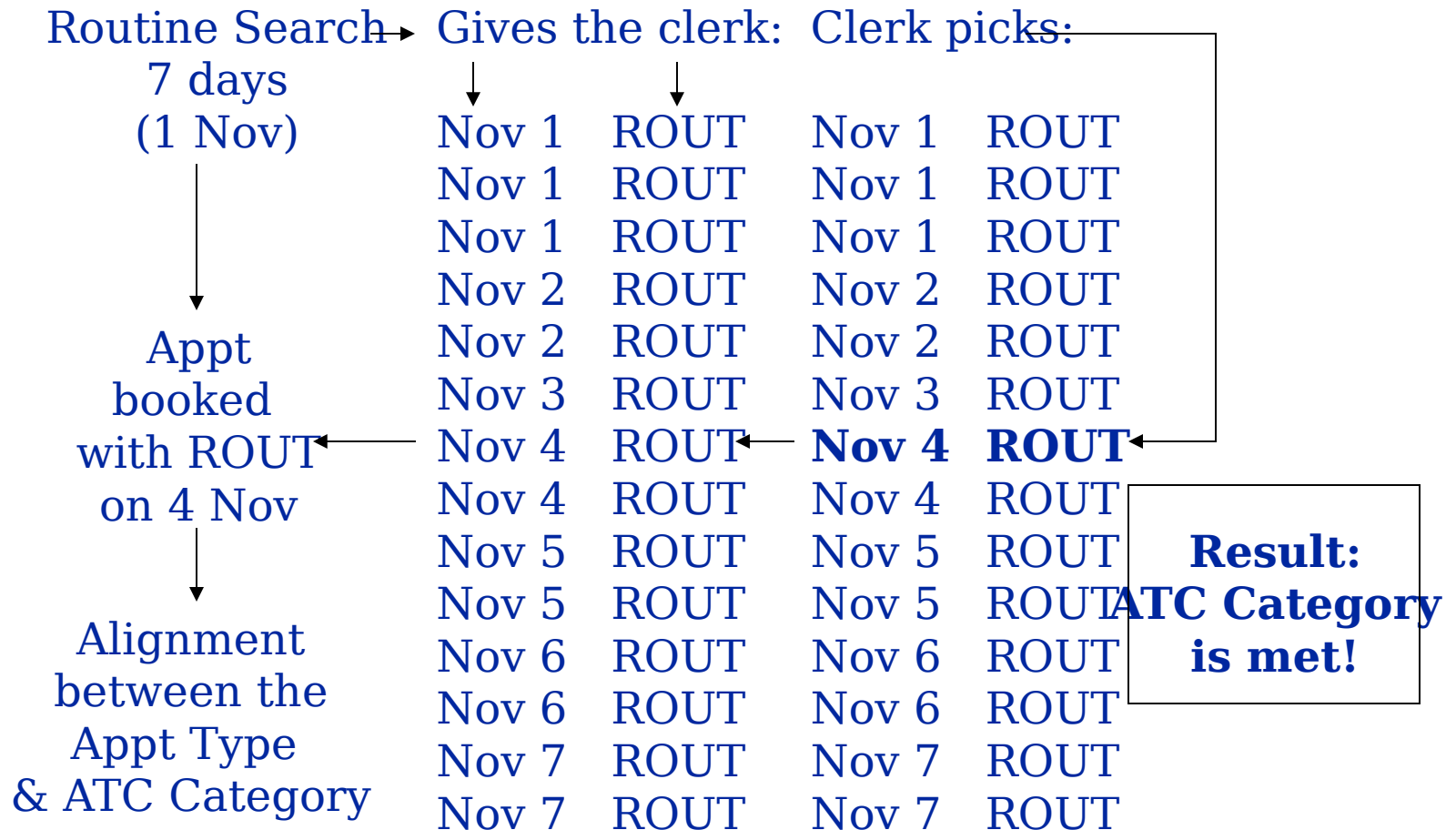
search is for 7 days of appointments, any type





What we need

*search is for 7 days of
appointment, routine type*





Conclusion



- ATC gives Commanders, MTFs, Lead Agents and the Services access to care performance measurement now.
- ATC and Appointment Standardization have the same goals.
- High quality measurement is key to success.
- Both have the same timelines for implementation.
- ATC is the TMA sanctioned solution to quantitatively measure performance.
- Appointment standardization combined with ATC utilization will align demand management, optimization and feedback in one package.



***Questions...
and please
remember
to turn in all of
your surveys***